

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						CLAIMS						
N. S.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/			/			51					
2		/					52					
3		/					53					
4							54					
5							55					
6		/					56					
7		/					57					
8							58					
9							59					
10							60					
11		/					61					
12		/					62					
13		/					63					
14		/					64					
15	/			/			65					
16		/					66					
17		/					67					
18		/					68					
19		/					69					
20		/					70					
21		/					71					
22	/			/			72					
23	/			/			73					
24	/			/			74					
25	/			/			75					
26	/			/			76					
27	/			/			77					
28	/			/			78					
29	/			/			79					
30	/			/			80					
31	/			/			81					
32	/			X			82					
33	/			X			83					
34	/			X			84					
35	/			X			85					
36	/			X			86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	7						TOTAL IND.					
TOTAL DEP.	29						TOTAL DEP.					
TOTAL CLAIMS	36						TOTAL CLAIMS					